

Infidelity in the Internet Age: When Sexual Compulsivity Interferes with Intimacy

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Through our use of cell phones, laptops, and tablets, we can feel as though we are more “connected” than ever before. We can check Facebook posts, send emails, stream video, or text our partners – all while sitting on the bus, in Starbucks or at work. But the question remains: Does this tethering to the Internet lead to greater intimacy and connection with ourselves and the ones we love, or does it simply provide an illusion of intimacy? What happens to those individuals who already struggle to incorporate sexual intimacy as a loving, caring behavior in their marriage or partnership? Sometimes, these individuals turn to the Internet to feel better and establish intimacy with others. If their sexual behavior spirals out of control, these individuals may seek therapy, asking for help getting their lives and their relationships back on track.

Compulsive sexual behaviors are defined as those that are destructive – to oneself, one’s partner or family, one’s employer, or even society. Often, these behaviors occur very frequently and occupy a significant amount of an individual’s time and energy. These behaviors can have numerous negative repercussions, including economic, psychological, social, or legal consequences. Despite recognition of these ill effects, an individual may find it difficult (if not impossible) to stop the behavior.

In one of the largest studies conducted to date, Cooper, Delmonico, Griffin-Shelley, and Mathy (2004) found that 6% of individuals in their sample (80% of them male)

were found to have significant problems with sexual compulsivity. These individuals, whose average age was between 32-35 years old, reported spending a total of 15-45 hours online per week, with 5-25 of those hours spent engaging in online sexual activity. About 85% of these individuals reported keeping their sexual behavior and online activity a secret, and they indicated that their behaviors were interfering with or jeopardizing several domains of life, including relationships, work, and sense of self (Cooper et al., 2004).

Smaller studies have indicated that approximately 5% of the general population may fit the criteria for a sexual compulsivity disorder (Fong, 2006). If this prevalence rate is confirmed by data from larger, more comprehensive national population surveys (which have not yet been conducted), it would be higher than general population prevalence estimates for disorders such as schizophrenia, bipolar disorder, and pathological gambling.

The relative lack of data on sexual compulsivity may be related to difficulties conducting research in this area – the shame and guilt surrounding these behaviors make it difficult to identify individuals willing to participate in research studies. However, much more research is necessary to fully understand and treat sexual compulsivity. Work remains in critical areas such as defining criteria for sexual compulsivity, measuring its prevalence in the general population, creating models for understanding its causes, identifying potential treatments, and assessing treatment effectiveness.

Understanding compulsive sexual behavior

Experts debate whether sexual compulsion constitutes an addiction. Some believe that individuals can become addicted to sex, just as one could be addicted to alcohol or drugs (Carnes, 1983). In contrast, other experts more narrowly define addiction to include only those circumstances in which an individual consumes external substances (such as alcohol or drugs) which interact with the body and lead to dependence and tolerance. Without this external substance, they argue, the addiction model does not hold.

In contrast to addiction, some propose that sexual compulsivity is more similar to obsessive-compulsive disorder (Coleman, 1990). In this compulsivity model, an individual experiences intense, anxiety-producing thoughts or obsessions, and engages in sexual behaviors for the purpose of reducing the anxiety and discomfort associated with these thoughts. Thus, sex is used as a means to reduce anxiety, not as a way to express sexual desire or interest. Because the obsessive thoughts recur over time, the individual finds him- or herself in a self-perpetuating cycle, compulsively engaging in sexual behaviors but never feeling better for long.

A third explanatory model for sexual compulsivity focuses on impulsivity (Barth & Kinder, 1987), and proposes that individuals experience strong sexual impulses that are irresistible and uncontrollable. After acting on these impulses, individuals feel some degree of pleasure and relief, but later feel primarily guilt and shame.

While these models all provide varying explanations for the dynamics of uncontrollable sexual behavior, not enough research has been conducted to support one model conclusively; more neurobiological and physiological research is needed to fully understand the repetitive maladaptive cycle of sexual compulsivity (Fong, 2006; McBride et al., 2011). What the models do share, however, is the underlying assumption that, since the sexual behavior functions mainly to regulate emotion and alleviate anxiety or depression, the disorder is not

really about sex. Rather, it is a dysfunction of intimacy. Individuals struggling with compulsive sexual behavior often have low self-esteem, feel lonely and alone, and have longstanding difficulties forming relationships to others. Importantly, they often have little compassion or empathy for themselves or for others. This lack of empathy often results in impaired interpersonal functioning. For example, they often do not understand the effects of their behaviors from their spouse's perspective, or they have few qualms about using someone else sexually outside the context of an intimate relationship. Therefore, they may even believe that they are sharing intimacy with another person, but that intimacy is an illusion.

The role of the Internet

The Internet can be used in a variety of healthy, adaptive ways relative to sex. Because the Internet reduces fear, shame and stigma, it can be a safe way to learn about sexuality, explore one's identity, find dating partners, and develop connections among isolated or disenfranchised individuals. However, for individuals struggling with sexual compulsivity, the Internet helps create and sustain an illusion of intimacy, while also providing an environment in which it is much easier to pursue illicit sexual activity (Cooper, et al., 2002). Fueled by what Cooper (2000) calls the "AAA engine": accessibility (millions of sites available 24 hours a day, 7 days a week, to anyone with Internet access), affordability (competition keeps all prices low, while there are a host of ways to get "free" sex), and anonymity (people perceive their conduct will remain secret), the Internet can be an alluring arena which increases the odds that individuals already vulnerable to problems with intimacy and sex get into trouble. In fact, 40 million U.S. adults regularly visit pornography websites, while 20% of men and 13% of women admit to accessing porn at work (Internet Filter Review, 2006). Pornography websites comprise 12% of all websites, and searches for porn represent 25% of total search engine requests on a daily basis (Internet Filter Review, 2006).

Accessing pornography in and of itself does not mean that an individual has or will have problems controlling his or her sexual behavior. However, it can turn into a problem when a vulnerable individual spends more and more time consuming porn alone online, which can lead to other cybersexual behavior such as streaming sexually-explicit video; participating in online chat rooms; emailing or texting about sex (“sexting”); or conducting “live” encounters via webcams or smartphones. Studies have found that about 50% of individuals engaging in these types of activities take the contact a step further by talking on the phone; about 15-30% go another step further by arranging offline, in-person sexual encounters (Greenfield, 1999).

Treatment

Although asking for help is rarely easy, in cases of compulsive sexual behavior it is extremely difficult. The behavior may be considered a source of great shame, guilt, and humiliation, and may have been kept secret from one’s spouse or partner. Asking for help requires not only confronting disturbing aspects of oneself, it may also necessitate communicating directly with one’s spouse or partner about infidelities and injuries to the relationship.

When treatment begins, several key domains should be thoroughly assessed, including the individual’s sexual history, experiences, and behaviors, as well as an inventory of sexual activities participated in both online and in-person. The triggers that lead to sexually compulsive behaviors will be identified, as will the consequences of the sexual behaviors. It is also important to understand the individual’s history of emotional, physical or sexual abuse (if any), as well as childhood experiences related to forming intimate relationships with others, starting with parents or caregivers. Related problems, such as substance use, anxiety or depressive disorders, and family history of addictions and/or other mental health problems, will also be assessed. Importantly, the therapist and client will try to understand the client’s capacity for intimacy, including

intimacy with others and compassion for oneself.

Treatment will focus on learning to control sexual behaviors and tolerate difficult emotional states, such as anxiety or depression. Together, the therapist and client will explore how and why sexual behavior was used as a tool to help regulate emotion, and why it seemed easier to turn to the Internet than to an intimate partner.

If the person struggling with sexual compulsivity is married or in a relationship, couple therapy is often required to help repair any damage from infidelity. Regardless of whether the couple decides to stay together following the infidelity, the process of forgiveness can be healing and productive for both partners. Forgiveness does not mean the offending party’s behavior is condoned, accepted, or forgotten; instead, forgiveness means that a common understanding is reached about the meaning of the infidelity in the context of the relationship, as well as each individual’s role or contribution to the problem (Gordon & Baucom, 1998). Ideally, forgiveness entails both a positive dimension, in which compassion, empathy, and positivity are increased within the relationship, as well as a negative dimension, in which the injured party is able to let go of grudges or desires for punishment or revenge (Fincham et al., 2006). When the couple experiences the full process of forgiveness, they are better able to make an informed, realistic choice about whether to reconcile and stay together or end the relationship. Although the process of forgiveness may be difficult and demanding, often the hurts and injuries can be repaired. If forgiveness occurs in the relationship and the allure of the Internet can be surmounted, positive results can include improved self-acceptance, a more appropriate role for sexual activity, increased enjoyment of sex, and a sense of real connection and intimacy in the relationship.

Warning signs of compulsive sexual behavior

- **Regular, unexplained lapses in attendance, productivity or involvement at home or work**
- **Marked changes in sexual behavior**
 - **Avoidance of sex**
 - **Extreme interest in sex**
 - **Interest in or pursuit of new sexual activities or fantasies**
- **Recurrent, intrusive thoughts about sex**
- **Interference of sexual behaviors in normal functioning**
- **Negative consequences of sexual behavior within the following domains:**
 - **Time or money spent**
 - **Deterioration of interpersonal and family relationships**
 - **Feelings of shame and guilt**
 - **Fear of exposure to sexually transmitted diseases**

- Cooper & Lebo, 2001



Author Biography

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